FORM D

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB APPROVAL
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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					
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Washington, DC UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (Picheck if this is an amendment and name has changed, and indicate change.) Common Stock Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Filing Under (Check box(es) that apply): **PROCESSED** Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer (check if this is an amendment and name has changed, and indicate change.) Name of Issuer THOMSON REUTERS Hadronex, Inc. Telephone Number (Including Area Code) Address of Executive Offices (Number and Street, City, State, Zip Code) 381 Engel Street, Escondido, California 92029 760) 291-1980 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Sewage spill monitoring Type of Business Organization other (please specify) limited partnership, already formed corporation business trust limited partnership, to be formed Month Year 📝 Actual 🔲 Estimated Actual or Estimated Date of Incorporation or Organization: 015 018 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

				A-BASIC IDI	NTI	ICATION DATA			地名	
2. Enter	the information r	equested for the fo	llowing:							
• 1	• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• 1	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.									
• 1	Each executive of	Ticer and director o	f corporate	issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
		managing partner o								
					_			D'		Cl-adda
Check Box	(es) that Apply:	Promoter	∐ Bene	ficial Owner	Ø	Executive Officer	2	Director		General and/or Managing Partner
Full Name Gregory	(Last name first, Quist	if individual)							•	
		ess (Number and ndido, CA 92026	Street, City	, State, Zip Co	ode)					
Check Box	(es) that Apply:	Promoter	Bend	ficial Owner	Z	Executive Officer	Z	Director		General and/or Managing Partner
Full Name David Dr	(Last name first,	if individual)							···	
Business o	r Residence Addr	ess (Number and	Street, City	, State, Zip Co	ode)					
325 Rock	Ridge PI, Esco	ndido, CA 92027	7							
Check Box	(es) that Apply:	Promoter	Bene	ficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name	(Last name first,	if individual)								
Business o	r Residence Addi	ess (Number and	Street, City	, State, Zip C	ode)					
Check Box	c(es) that Apply:	Promoter	☐ Bene	ficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name	(Last name first,	if individual)								
Business o	r Residence Addi	ess (Number and	Street, City	, State, Zip C	ode)					
Check Box	(es) that Apply:	Promoter	☐ Bene	ficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name	(Last name first,	if individual)		· · ·						
Business o	r Residence Add	ress (Number and	Street, City	, State, Zip C	ode)		- ,			
Check Box	((es) that Apply:	Promoter	Bene	ficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name	(Last name first,	if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box	c(es) that Apply:	Promoter	☐ Bene	eficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name	(Last name first,	if individual)			·				_	
Business o	r Residence Add	ress (Number and	Street, City	, State, Zip C	ode)					
		(Use blo	ank sheet, or	r copy and use	additi	ional copies of this s	heet,	as necessar	y)	

B INFORMATION ABOUT OFFERING													
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes	No IZ i						
Answer also in Appendix, Column 2, if filing under ULOE.						_							
2.								\$ <u>N/A</u>					
3.	Does the	offering	permit joint	ownershi	p of a sing	le unit?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, .	Yes	No ⊠
4.	Enter th	e informat	ion request	ed for eac	h person w	ho has bee	n or will b	e paid or į	given, dire	ctly or ind	irectly, any		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such													
-			you may so		informati	on for that	broker or	dealer only	·.	····	_		
No	•	ast name	first, if indi	viduai)									
Bus	siness or l	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Nar	me of Ass	ociated Br	oker or Dea	aler					<u></u> ,				· · · · · · · · · · · · · · · · · · ·
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			" or check							*************		☐ All	States
	AL	AK	ΑŹ	AR	CA	[CO]	[CT]	DE	DC	FL	GA	(HI)	[ID]
	IL.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	<u>OH</u>	OK	OR	PA
	RI	SC	\$D	TN	TX	UI	[VT]	VA	WA	[WV]	Wî]	WY	PR
Ful	Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)													
Nar	Name of Associated Broker or Dealer												
Stat	tee in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							States						
													(ID)
	AL IL	[AK]	[AZ]	[AR]	KŸ	[CO]	ME	MD]	MA	[FL]	GA)	MS]	MO
	MT	NE.	NV	NH	NJ	NM	NY)	NC	ND	OH)	OK	OR	PA
	RI	SC	SD	TN	TX	บา	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (L	ast name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
	Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)								States					
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	(GA)	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	[N]	NM UT	NY) VT	NC VA	ND WA	OH WV	(OK)	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\mathbb{Z} \) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	"	_	•
	Debt		\$
	Equity	1,004,000.00	\$ 104,000.00
	☑ Common ☐ Preferred		_
	Convertible Securities (including warrants)		s
	Partnership Interests	5	\$
	Other (Specify LLC Interest	5 4,000,000.00	\$ 4,000,000.00
	Total	5,004,888.00	\$ 4,704,888.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases 4,704,888.00
	Accredited Investors		\$ 4,704,888.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		s
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		
	Legal Fees		\$ 46,000.00
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total		s 46,000.00

	C OFFERING PRICE NUME	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — proceeds to the issuer."	ing price given in response to Part C — Question 1 Question 4.a. This difference is the "adjusted gross		\$4.958,888.00
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate		s	
	Purchase, rental or leasing and installation of mac and equipment	hinery [
	Construction or leasing of plant buildings and faci	lities] \$. 🗆 \$
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset	ts or securities of another	7. f	Πt
	issuer pursuant to a merger)	-		_
	Working capital			
	Other (specify):]\$	\$
			ገ\$	□\$
	Column Totals		_	_
	Total Payments Listed (column totals added)	<u>5,004,888.00</u>		
		D. FEDERAL SIGNATURE		
igi	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Commiss	sion, upon writte	
SSI	uer (Print or Type)	Signature C	Date / 1	
Ha	dronex, Inc.	Ner ANT	ろん	J/88
Vai	ne of Signer (Print or Type)	Title of Signer Print or Type)		
ère	gory Quist	Co-President		
		<u> </u>		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

